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BOROUGH OF SALE



REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1950





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MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1950

The Mayor

Councillor F. B. TAYLOR, J.P.

The Deputy Mayor

Alderman A. W. MAWER

Health Committee

Chairman: Councillor W. A. COSTELLO

Vice-Chairman: Councillor T. F. HAMPSON

Alderman F. D. GEE, C.C.

„ F. H. HIGHLEY, J.P.

Councillor W. L. BEEBY, O.B.E., M.I.Mech.E., M.I.P.E.

„ L. BETHELL

„ T. BRINDLEY

„ Mrs. M. CAVE

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„ G. ELLIOTT

„ S. P. HARRIS

„ W. A. JONES

„ Mrs. W. M. PHILLIPS, M.A., J.P.

„ V. S. WEBB

„ Mrs. P. M. WELLBELOVED

„ R. M. WILLAN

OFFICIALS OF THE HEALTH DEPARTMENT

Medical Officer of Health

A. TELFORD BURN, M.B., B.S., D.P.H.

Senior Sanitary Inspector

W. NORRIS, Cert. S.I.B.

Certified Meat and Food Inspector

Sanitary Inspector

G. WATERWORTH, Cert. S.I.B., D.P.A.

Certified Meat and Food Inspector

Certified Smoke Inspector

Clerk

W. SHEPHERD

Annual Report of the Medical Officer of Health

For the Year ending 31st December, 1950

*To His Worship the Mayor, Aldermen and Councillors
of the Borough of Sale*

Mr. Mayor, Ladies and Gentlemen,

I have the honour to present to you my report on the health and sanitary conditions of Sale during 1950.

In summarising this report I would say that the general level of health, as revealed by the statistical information available to me, was satisfactory. The birth and death rates remained at very much the same level as last year, but unfortunately the infantile mortality rate has shown a very large increase. In 1949 we had the lowest infantile mortality rate ever recorded in the Borough and this was only half that of the whole country. This year we are above the national average rate and more than double last year's figure. It is difficult to find the reasons for this increase. Most of these children died as a result of conditions arising before birth, and which, in the present state of medical knowledge, are unpreventable. They should form a challenge to all who have the responsibility for the care of pregnant women to find out more about the causes of prematurity and congenital conditions. Unfortunately since 1948 the responsibility for maternity services has been split between general practitioners, local authorities and the hospital service, and there is a lack of adequate liaison preventing the pooling of knowledge which alone can help to prevent this wastage of infant life.

Atmospheric pollution still gives cause for regret, despite a slight improvement in the amount of deposit. It has become increasingly obvious during the year that both soot and fumes are being brought to the Borough from neighbouring areas on the prevailing winds. This problem cannot be tackled on a parochial basis, a fact which is appreciated by the Council who have joined with neighbouring authorities in setting up a Regional Atmospheric Pollution Investigation Committee.

The Report of the Sale and Lymm Divisional Health Committee is again appended to this report and gives details of the working of the personal health services in the Borough which are the responsibility of the Cheshire County Council as Local Health Authority.

In compiling this report I have had the assistance of many other officers of the Council and to them I would like to express my thanks. The majority of that section of the report dealing with the sanitary circumstances of the area has been written by Mr. Norris to whom my special thanks are due for his work not only in the preparation of this report but throughout the year.

Finally, in presenting the report, I would like to acknowledge the encouragement and support which I have received from the interest taken by the members of the Health Committee, and indeed, by all the members of the Council, in the work of the Health Department during the year.

I am,

Your obedient Servant,

A. TELFORD BURN,

Medical Officer of Health.

SECTION A

Statistical Summary and Social and General Conditions of the Area

<i>Area</i>	....	....	....	....	....	....	....	3,628.5 acres
<i>Population</i> —Registrar-General's estimate of resident population (mid-1950)	....	....	....	....	....	....	....	43,540
<i>Houses</i> —Number of inhabited houses at end of 1950	....							13,603
<i>Housing density</i> —Average number of houses per acre	....							3.7
<i>Size of household</i> —Average number of persons per house								3.2
<i>Rateable value of the district</i>	....	....	....	....	....	....	....	£330,645
<i>Income of a penny rate</i>	....	....	....	....	....	....	....	£1,340

Sale is a pleasant residential borough, situated about 5½ miles south-west of Manchester, astride the main road to Chester and North Wales. There are a few light industries within the district, but the majority of the working population is employed in the neighbouring industrial areas of Broadheath and Trafford Park, or in the business houses of Manchester.

During the five years between the incorporation of the Borough and the war almost 3,000 good-class residential houses were built, about 90% of them for private owners, and this has served to raise the average standard of housing in the area.

There are one main and several subsidiary shopping centres, and the town is provided with over 100 acres of publicly owned parks and open spaces for recreational purposes, and two golf courses.

There has been no change in the provision of open spaces during the year. The following details of the publicly owned parks, recreation grounds and open spaces have been provided by the Borough Surveyor.

	<i>Area in acres</i>						
Worthington Park	16.14
Ashton Park	12.68
Walton Park	12.55
Priory Gardens	4.04
Brooklands Rest Park	1.12
Northenden Road Little Park	0.62
Lonsdale Rest Park	0.20

	<i>Area in acres.</i>			
Clarendon Crescent Playing Fields	12.68
Crossford Bridge Recreation Ground	8.90
Sale Moor Cricket Ground	2.95
Kelsall Street Children's Playground	1.33
Harley Road Children's Playground	1.23
Moor Nook (undeveloped)	13.20
Cecil Avenue Site (undeveloped)	13.13
Altrincham/Sale Boundary—Brook Reservations	6.16
Manchester/Sale Boundary—Brook Reservations	6.57
Ashbourne Crescent	0.37
Carrington Lane Island Site	0.21
Fairy Lane	0.26
North Parade Island Site	0.22
Overton Creseent	0.64

Vital statistics

Births

640 live births were registered in the Borough during the year, 333 males and 307 females. Of these, 614 were legitimate and 26 illegitimate (4.06%).

In addition, 14 stillbirths (7 males and 7 females) were registered, all of which were legitimate.

The live birth rate was 14.7 per thousand of the population, and the still birth rate 0.32 per thousand population or 21.4 per thousand total births. These figures are below the average rates for England and Wales which were 15.8 and 0.37 and 22.9 respectively. To have achieved the live birth rate of the whole country 48 more babies should have been born in Sale.

For comparison it may be noted that the live and still birth rates in Sale in 1949 were 14.3 and 0.39 respectively.

Once again the high percentage of births in hospitals and nursing homes is worthy of note, being even higher than that which led to my comments last year. No less than 86.5% of the births (565) occurred in hospital, and of these only one-fifth were admitted for obstetrical reasons. Last year's figure was 82%.

Deaths

The total number of deaths (after correction for inward and outward transfers) was 470, of which 215 were males and 255 females. This represents a death rate of 10.8 per thousand of the population which compares favourably with the average of 11.7 for England and Wales. It is an improvement on 1949 when the death rate in Sale was 11.6.

In Table II the deaths are classified according to sex, age, and cause. The new International Short List of Causes of Death is used for the first time, and direct comparison with last year's figures is not possible, but several interesting facts are worthy of note. The first is the age at death of the two sexes. The vast majority of the male deaths were spread fairly evenly over the age groups from 45 years upwards, whereas almost half of the female deaths occurred at over 75 years, and three-quarters of them at over 65. Heart diseases were again the main cause of death in both sexes, accounting for 65 males and 77 females, but it is interesting to note that while more than half the male deaths in this group were due to angina and coronary disease (usually a case of sudden death), only a quarter of the female deaths were due to such conditions, and the majority of the remainder were mainly due to gradual heart failure.

Cancer accounted for 71 deaths, 29 males and 42 females, and the sites affected are shown in detail in Table V. One of the most interesting points in this table is the incidence of lung cancer which accounted for 9 male deaths and only 1 female. Last year the incidence of this disease fell equally heavily on the males the figures being 14 males and 2 females.

Infantile mortality

24 children (9 males and 15 females) died within one year of birth. This is equivalent to an infantile mortality rate of 37.5 per thousand associated live births, compared with a rate of 29.8 for England and Wales and 16.2 for Sale in the previous year.

In Table IV the causes of death and the ages at death of these infants are classified. From this it will be seen that 17 were due to conditions arising before or during birth. Severe congenital abnormalities are often a cause of death of the foetus (i.e., stillbirth) and of premature labour, which in itself may well give rise to stillbirth. These three conditions can therefore be grouped together, and, since the two cases of birth injury both had adequate attention during delivery, it can be said that 31 infant lives were lost in circumstances which could not have been corrected after labour had commenced. The only possible way of reducing such wastage is by more thorough ante-natal care, for, while it is agreed that stillbirths and prematurity do occur in cases which have had regular supervision, there is no doubt that many women have been enabled to carry on to full term and give birth to healthy children only because they have had expert attention throughout pregnancy. In this connection it is of interest to note that the attendances at the ante-natal clinics held at the Sale Welfare Centre have been lower than in any former year.

Quite apart from the above-mentioned cases, however, there have been 7 deaths from infections contracted after birth which should have been preventable.

Maternal mortality

There have been no maternal deaths during the year.

TABLE I

Summary of Vital Statistics*Births*

<i>Live births</i>				Males	Females	Total
Legitimate ....	....	....	....	317	297	614
Illegitimate ....	....	....	....	16	10	26
Total....	....	....	....	333	307	640

Still births

Legitimate ....	....	....	....	7	7	14
Illegitimate ....	....	....	....	0	0	0
Total....	....	....	....	7	7	14

Live birth rate per 1,000 population 14.7

Still birth rate per 1,000 population 0.32

Still birth rate per 1,000 total (live and still) births 21.4

Deaths

	Males	Females	Total	
	215	255	470	
Death rate per 1,000 population	....	....	....	10.8
Infantile mortality (deaths of	Males	Females	Total	
infants under 1 year)	....	9	15	24
Infantile mortality rate per 1,000 associated live births	....			37.5
Maternal mortality (deaths associated with child-bearing)	....			Nil
Maternal mortality rate (deaths per 1,000 total births)	....			Nil

TABLE II
CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE

CAUSES OF DEATH	Sex	0-1	1-4	5-14	15-24	25-44	45-64	65-74	75 & over	All ages
ALL CAUSES	M	9	-	-	4	16	58	68	60	215
	F	15	3	-	2	7	38	72	118	255
1 Tuberculosis, respiratory	M	-	-	-	1	1	2	1	-	5
	F	-	-	-	1	2	-	-	-	3
2 Tuberculosis, other	M	-	-	-	-	-	1	-	-	1
	F	-	1	-	-	-	-	-	-	1
3 Syphilitic disease	M	-	-	-	-	-	-	2	-	2
	F	-	-	-	-	-	-	-	-	-
4 Diphtheria	M	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-
5 Whooping cough	M	1	-	-	-	-	-	-	-	1
	F	1	-	-	-	-	-	-	-	1
6 Meningococcal infections	M	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-
7 Acute poliomyelitis	M	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-
8 Measles	M	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-
9 Other infective and parasitic diseases	M	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	1	-	1	-	2
*10 Malignant neoplasm, stomach	M	-	-	-	-	-	-	2	1	3
	F	-	-	-	-	-	-	6	2	8
11 Malignant neoplasm, lung, bronchus	M	-	-	-	-	-	4	4	1	9
	F	-	-	-	-	-	1	-	-	1
12 Malignant neoplasm, breast	M	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	2	6	1	2	11
13 Malignant neoplasm, uterus	M	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	4	1	-	5
14 Other malignant and lymphatic neoplasms	M	-	-	-	-	-	7	4	6	17
	F	-	1	-	-	1	4	6	5	17
15 Leukaemia, aleukaemia	M	-	-	-	-	-	-	-	-	-
	F	-	1	-	-	-	-	-	1	2
16 Diabetes	M	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	1	1	1	3
*17 Vascular lesions of nervous system	M	-	-	-	-	1	3	6	14	24
	F	-	-	-	-	-	1	17	30	48
18 Coronary disease, angina	M	-	-	-	-	3	12	12	10	37
	F	-	-	-	-	-	4	5	9	18
19 Hypertensions with heart disease	M	-	-	-	-	-	-	1	-	1
	F	-	-	-	-	-	-	2	1	3
20 Other heart disease	M	-	-	-	-	1	8	11	7	27
	F	-	-	-	-	-	8	8	40	56
21 Other circulatory disease	M	-	-	-	-	-	1	5	1	7
	F	-	-	-	-	-	-	3	6	9
22 Influenza	M	-	-	-	-	-	-	1	-	1
	F	-	-	-	-	-	-	1	-	1
23 Pneumonia	M	1	-	-	-	-	2	3	2	8
	F	-	-	-	-	-	-	6	2	8
24 Bronchitis	M	-	-	-	-	-	9	7	7	23
	F	2	-	-	-	1	5	4	9	21
25 Other diseases of respiratory system	M	-	-	-	-	-	-	1	1	2
	F	-	-	-	-	-	-	-	1	1
26 Ulcer of stomach and duodenum	M	-	-	-	-	1	4	1	-	6
	F	-	-	-	-	-	-	-	-	-
27 Gastritis, enteritis and diarrhoea	M	1	-	-	-	-	-	-	-	1
	F	-	-	-	-	-	1	-	1	2
28 Nephritis and nephrosis	M	-	-	-	-	2	-	-	-	2
	F	-	-	-	-	-	-	1	1	2
29 Hyperplasia of prostate	M	-	-	-	-	-	-	2	3	5
	F	-	-	-	-	-	-	-	-	-
30 Pregnancy, childbirth, abortion	M	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-
31 Congenital malformations	M	2	-	-	-	1	-	-	-	3
	F	3	-	-	-	-	-	1	-	4
32 Other defined and ill-defined diseases	M	4	-	-	2	2	3	3	7	21
	F	9	-	-	1	-	-	6	4	20
33 Motor vehicle accidents	M	-	-	-	1	1	1	1	-	4
	F	-	-	-	-	-	-	-	-	-
34 All other accidents	M	-	-	-	-	1	-	-	-	1
	F	-	-	-	-	-	1	1	2	4
35 Suicide	M	-	-	-	-	2	1	1	-	4
	F	-	-	-	-	-	2	1	1	4
36 Homicide and operations of war	M	-	-	-	-	-	-	-	-	-
	F	-	-	-	-	-	-	-	-	-

* Do not agree with Registrar-General

TABLE III
COMPARATIVE VITAL STATISTICS
Birth Rates, Death Rates, Analysis of Mortality, and Case
Rates for certain Infectious Diseases for the year 1950

	England and Wales	126 County Boroughs and Great Towns, including London	148 Smaller Towns Resident Populations 25,000 to 50,000 at 1931 Census	Sale
	Rates per 1,000 Population			
<i>Births—</i>				
Live	15·8	17·6	16·7	14·7
Still	0·37	0·45	0·38	0·32
<i>Deaths—</i>				
All causes	11·6	12·3	11·6	10·8
Typhoid and para- typhoid fevers	0·00	0·00	0·00	—
Whooping cough	0·01	0·01	0·01	0·05
Diphtheria	0·00	0·00	0·00	—
Tuberculosis	0·36	0·42	0·33	0·23
Influenza	0·10	0·09	0·10	0·05
Smallpox	—	—	—	—
Acute poliomyelitis & polioencephalitis	0·02	0·02	0·02	—
Pneumonia	0·46	0·49	0·45	0·37
<i>Notifications—</i>				
Typhoid fever....	0·00	0·00	0·00	—
Paratyphoid fever	0·01	0·01	0·01	—
Meningococcal infection	0·03	0·03	0·02	—
Scarlet fever	1·50	1·56	1·61	1·93
Whooping cough	3·60	3·97	3·15	2·07
Diphtheria	0·02	0·03	0·02	0·02
Erysipelas	0·17	0·19	0·16	0·04
Smallpox	0·00	0·00	—	—
Measles	8·39	8·76	8·36	9·48
Pneumonia	0·70	0·77	0·61	0·32
Acute poliomyelitis and polioencephalitis:				
Paralytic	0·13	0·12	0·11	0·02
Non-paralytic	0·05	0·05	0·06	0·02
Food poisoning	0·17	0·16	0·14	—
	Rates per 1,000 Live Births			
Deaths under 1 year of age	29·8	33·8	29·4	37·5
Deaths from enteritis and diarrhoea under 2 years of age	1·9	2·2	1·6	1·56
	Rates per 1,000 Total (Live and Still) Births			
<i>Notifications—</i>				
Puerperal pyrexia	5·81	7·43	4·33	—

TABLE IV
INFANTILE MORTALITY

Deaths from stated causes at various ages under 1 year of age

Cause of death	1st day	2-7 days	1-2 weeks	2-3 weeks	3-4 weeks	Total deaths under 1 month	1-3 months	3-6 months	6-9 months	9-12 months	Total deaths under 1 year
Prematurity	7	2	-	-	-	9	-	-	-	-	9
Congenital abnormalities	-	3	-	-	-	3	2	1	-	-	6
Birth injuries	1	1	-	-	-	2	-	-	-	-	2
Post-natal infections	-	-	-	1	-	1	-	4	1	1	7
Totals	8	6	-	1	-	15	2	5	1	1	24

Post-natal infections include—gastro-enteritis, 1; sepsis neonatorum, 1; whooping cough, 2; pneumonia, 2; bronchitis, 1

TABLE V
CANCER DEATHS DURING 1950

Site of lesion	Sex and age periods												Totals	
	Under 24		25-44		45-54		55-64		65-74		75 & over			
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Buccal cavity and pharynx	-	-	-	-	1	-	1	-	-	1	-	-	2	1
Oesophagus & stomach	-	-	-	-	-	-	-	-	2	6	2	2	4	8
Intestine	-	-	-	-	-	-	-	2	2	-	4	2	6	4
Larynx, lungs and bronchi	-	-	-	-	1	1	3	1	4	-	1	-	9	2
Breast	-	-	-	2	-	4	-	2	-	1	-	2	-	11
Uterus	-	-	-	-	-	-	-	-	4	-	1	-	-	5
Prostate and bladder	-	-	-	-	-	-	3	-	1	-	1	-	5	-
Others	-	1	-	1	1	1	1	-	1	5	-	3	3	11
Totals	-	1	-	3	3	6	8	9	10	14	8	9	29	42

SECTION B

Infectious diseases

There has been a large increase in the number of cases of notifiable infectious diseases compared with 1949, 609 notifications having been received as against 463 last year. This has been due to an epidemic of measles which gave rise to 413 cases. Most other infectious diseases were less prevalent than during the previous year.

Measles

After having had about nine months' freedom from this disease there was a sudden outbreak during the last week in March in the central area of the town, which rapidly spread to the remaining areas during April. After about two weeks' lull there was a much more intense outbreak in the latter half of May and throughout June and sporadic cases continued to occur until mid-August. The peak was in the last week in May when 63 cases were notified. Very few notifications were received between August and November, but another outbreak began during December and continued into 1951. In all, 413 cases were notified during the year representing a case incidence of 9.48 per thousand of the population compared with a national rate of 8.39. In 1949 there were 206 cases of measles in Sale.

Whooping cough

There was no serious outbreak of this disease during the year, most of the 90 cases being spread over the first six months.

Unfortunately two of these cases (both children under one year of age) died from complications of the disease.

This represents an incidence of 2.07 per thousand of the population and a case mortality of 2.2 per cent.

The Divisional Health Service has continued to offer protection against whooping cough, and 323 children, of whom 263 were under one year of age, have been immunised. In view of the seriousness of the disease in infancy this response is highly gratifying.

Scarlet fever

Most of the 84 cases of scarlet fever occurred during the first three months of the year, forming part of an epidemic which had begun in November, 1949. They were mainly of a very mild character and the majority of those admitted to hospital were sent because of the impossibility of isolation at home.

Diphtheria

There was one confirmed case of diphtheria during the year. This occurred in a child who had been immunised three years earlier, and was of a fairly severe type.

The diphtheria immunisation scheme continued during the year, over half of the children born in the Borough being protected before

attaining their first birthday. The present position is that 51.9% of children under five years of age are protected while 89.9% of children between five and fifteen have had inoculations at some time.

Poliomyelitis

There were two cases of poliomyelitis during the year. One of these was a paralytic form affecting only one limb, in which there has been almost complete recovery, while in the other there was no paralysis and the child recovered very rapidly.

Erysipelas

Two cases of erysipelas were notified during the year giving an incidence of 0.04 per thousand.

Dysentery

Three isolated cases of dysentery were notified during the year. Two of these were only identified in the course of bacteriological examinations carried out by neighbouring authorities and had no symptoms.

Food poisoning

There were no cases of food poisoning notified during the year.

Clean food campaign

During the year the Council adopted byelaws to control the hygiene of food handling in accordance with the model series of the Ministry of Food.

The Sale Traders' Clean Food Association was established during the year with a committee consisting of a representative of each food trade and a representative of employees in the trade, sitting under an independent chairman. The Medical Officer of Health and the Senior Sanitary Inspector were co-opted on the committee in an advisory capacity.

In addition to a general code of practice for all food trades, detailed codes were prepared appropriate to each individual trade. Although no active members had been approved at the end of the year several applications had been made, and premises and staff were being inspected. It is hoped that a good proportion of the traders will soon become full members.

The success of the clean food campaign will only be assured if housewives co-operate and insist on the clean handling of food, whether in the shops of members of the Association or in other establishments.

Tuberculosis

The downward trend in the number of notifications of new cases of tuberculosis and in the number of deaths from this disease has continued during the year, there being 31 notifications compared with 34 last year, and 10 deaths compared with 13 in 1949.

Two families in which there were cases of tuberculosis were rehoused by the Council during the year because their living conditions were such as to interfere seriously with the recovery of the patients, or were likely to cause increased risk of spread of the disease to other members of the family.

A summary of the tuberculosis register is given in Table X from which it will be seen that there has been a reduction in the number of cases remaining on the register at the end of the year from 271 to 255.

Forty-three residents of the Borough have had institutional treatment for tuberculosis during the year. Details are given in Table XI.

TABLE VI
NOTIFIABLE DISEASES
(other than tuberculosis) during the year 1950

Disease	Total cases notified	Cases admitted to hospital	Total deaths
Measles	413	3	—
Whooping cough	90	1	2
Scarlet fever	84	6	—
Pneumonia (primary or influenzal)	14	*	16
Erysipelas	2	—	—
Diphtheria	1	1	—
Dysentery	3	3	—
Smallpox	—	—	—
Puerperal pyrexia	—	—	—
Ophthalmia neonatorum	—	—	—
Poliomyelitis—Paralytic	1	1	—
Poliomyelitis—Non-Paralytic	1	1	—
Food poisoning	—	—	—
Typhoid fever	—	—	—
Totals	609	16	18

* Number of cases admitted to hospital unknown; these cases are admitted by the general practitioners directly to hospital.

TABLE VII

THE FOLLOWING TABLE GIVES THE AGE-INCIDENCE OF
THE AFOREMENTIONED NOTIFIABLE DISEASES

Age periods	Scarlet fever	Acute poliomyelitis Paralytic	Non- paralytic	Diphtheria	Pneumonia	Erysipelas	Whooping cough	Measles	Dysentery	TOTALS
0-	-	-	-	-	1	-	9	13	-	23
1-	3	-	-	-	-	-	17	56	-	76
3-	16	-	-	1	-	-	27	115	-	159
5-	47	-	1	-	3	-	35	221	1	308
10-	10	1	-	-	1	-	1	5	-	18
15-	7	-	-	-	-	-	-	2	1	10
25-	-	-	-	-	3	-	-	-	-	3
35-	-	-	-	-	-	1	1	1	-	3
45-	1	-	-	-	3	1	-	-	1	6
65 and over ...	-	-	-	-	3	-	-	-	-	3
Total	84	1	1	1	14	2	90	413	3	609

TABLE VIII

WARD DISTRIBUTION OF NOTIFIED CASES OF INFECTIOUS DISEASES

Disease	St. Annes	Brook-lands	Sale Moor	St. Pauls	St. Johns	St. Martins	St. Marys	Mersey	TOTALS
Scarlet fever	8	14	20	6	7	11	7	11	84
Pneumonia	2	1	7	—	2	—	1	1	14
Acute poliomyelitis— Paralytic	—	—	—	—	—	—	1	—	1
Acute poliomyelitis— Non-paralytic	—	—	—	—	—	—	1	—	1
Erysipelas	—	—	—	—	—	1	1	—	2
Measles	18	55	45	59	47	77	53	59	413
Whooping cough	4	17	8	14	16	16	9	6	90
Dysentery	1	1	—	1	—	—	—	—	3
Diphtheria	—	—	—	—	1	—	—	—	1
Totals	33	88	80	80	73	105	73	77	609

TABLE IX
TUBERCULOSIS

Age periods		New Cases				Deaths			
		Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
		M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year	....	—	—	—	—	—	—	—	—
1 to 5 years	....	—	—	2	1	—	—	—	1
5 to 15 years	....	2	—	1	—	1	—	—	—
15 to 25 years	....	2	2	1	—	—	1	—	—
25 to 35 years	....	4	2	1	2	—	2	—	—
35 to 45 years	....	1	2	—	—	1	—	—	—
45 to 55 years	....	6	—	2	—	1	—	—	—
55 to 65 years	....	4	1	1	—	1	—	1	—
65 and upwards	....	1	2	—	—	1	—	—	—
Total	....	20	9	8	3	5	3	1	1

TABLE X

ABSTRACT OF ANNUAL FIGURES FROM REGISTER OF TUBERCULOSIS CASES

	MALES		FEMALES		TOTAL
	Pulmonary	Non-Pulmonary	Pulmonary	Non-Pulmonary	
Number on register, 1st January, 1950	100	39	84	48	271
New notifications, 1950	17	7	6	1	31
Restored to register	1	—	1	1	3
Cases brought to notice, otherwise than by formal notification (inward transfers, un-notified cases from death returns)	2	1	2	1	6
Removed from register, deaths, outward transfers, recovered	22	11	14	9	56
Number on register, 31st December, 1950	98	36	79	42	255

TABLE XI

TUBERCULOSIS

ANALYSIS OF ADMISSIONS TO AND DISCHARGES FROM HOSPITAL DURING THE YEAR

NAME OF INSTITUTION	PULMONARY						NON-PULMONARY					
	Males			Females			Males			Females		
	In hospital on 1st January, 1950	Admitted during 1950	Discharged during 1950	Remaining in hospital on 31st December, 1950	In hospital on 1st January, 1950	Admitted during 1950	Discharged during 1950	Remaining in hospital on 31st December, 1950	In hospital on 1st January, 1950	Admitted during 1950	Discharged during 1950	Remaining in hospital on 31st December, 1950
Market Drayton Sanatorium	3	2	4	1	2	1	2	1	—	—	—	—
High Carley Sanatorium	—	4	3	1	—	—	—	—	—	—	—	—
Baguley Sanatorium	1	1	1	1	1	—	1	—	—	—	—	—
Hyde Hospital	—	2	2	—	—	—	—	—	—	—	—	—
Orthopaedic Hospital, Oswestry	—	—	—	1	—	—	—	—	—	—	—	—
Crossley Sanatorium, Kingswood	1	—	—	—	—	—	—	—	—	—	—	—
Children's Orthopaedic Hospital, Marple	—	—	—	—	—	—	—	—	—	—	—	—
Macclesfield Isolation Hospital	—	—	—	—	1	—	1	—	—	—	—	—
Wrenbury Hall Colony	1	1	1	1	—	—	—	—	—	—	—	—
Wrightington Hospital, Wigan	—	1	—	1	—	—	—	—	1	—	—	—
Warrington Sanatorium, Weaverham	—	—	—	—	1	—	1	—	—	—	—	—
Fall Birch Hospital, Lostock	—	—	—	—	1	—	1	—	—	—	—	—
Peel Hall Sanatorium, Little Hulton	1	—	1	—	—	—	—	1	—	—	—	—
Springfield Sanatorium, Rochdale	—	—	—	—	1	—	1	—	—	—	—	—
Nab Top Sanatorium, Marple	—	1	—	1	1	—	—	—	—	—	—	—
Wolstenholme Pulmonary Hospital	—	1	—	1	—	—	—	—	—	—	—	—
Hefferston Grange Sanatorium	—	2	1	1	—	—	—	—	—	—	—	—
Heath Charnock Hospital	—	1	—	1	—	—	—	—	—	—	—	—
Stepping Hill Hospital	—	1	—	1	—	—	—	—	—	—	—	—
Totals	7	17	13	11	8	5	10	3	1	2	—	3

SECTION C

General Provisions of Health Services for the Area

Local Health Authority services

These are provided in accordance with the National Health Service Act, 1946, by the Cheshire County Council, although there is a degree of local administrative control by the Sale and Lymm Divisional Health Committee. These services are listed, and an account of their working given, in the report of the Divisional Health Committee which is printed as an Appendix to this report.

Laboratory service

The Regional Public Health Laboratory established in the grounds of Monsall Hospital at Manchester carries out most of the bacteriological work for the Borough, and for general practitioners in the area. A collection system has been arranged, whereby practitioners can leave specimens at the Health Department; collection is made by the laboratory staff daily. This has enabled reports to be made about six hours earlier than would be possible otherwise. Positive reports are telephoned through from the laboratory.

Seventy-three specimens were examined during the year as follows:—

42 throat swabs of which 14 were positive for haemolytic streptococci.

16 faecal specimens for dysentery and salmonella infection, all of which were negative.

5 blood specimens for dysentery and salmonella infection, all of which were negative.

10 sputa for tuberculosis, of which 1 was positive.

Diagnostic specimens for suspected cases of venereal disease are dealt with at Withington Hospital, Manchester.

Hospital and specialist services

(a) General hospital services

Although general hospital beds are available at the Sale and Brooklands War Memorial Hospital, the majority of cases are sent to the Altrincham General Hospital or one of the Manchester hospitals.

(b) Infectious diseases

Cases requiring hospital treatment because of the severity of their illness are admitted to Monsall Hospital, Manchester, at the request of the general practitioner. Where conditions prevent isolation of the patient at home, arrangements for admission are made through the Health Department. In either type of case transport is arranged by the hospital.

(c) Smallpox

Smallpox cases are treated in the Ainsworth Hospital, Bury, transport being provided by the Manchester Ambulance Service.

(d) Maternity cases

There is a 16-bed maternity ward at the Sale and Brooklands War Memorial Hospital. Other maternity hospitals are at Altrincham, Bowdon and Manchester.

(e) Venereal diseases

Treatment clinics are available as follows:—

Salford—St. Luke's Hospital.

Males	....	....	Mon.—Fri.	8 a.m. to 12 midnight
			Saturday	8 a.m. to 1 p.m., and 6 p.m. to 12 midnight
Females	....	....	Mon.—Fri.	9 a.m. to 7 p.m.
			Saturday	9 a.m. to 1 p.m.

Salford—Special Treatment Clinic, Regent Road.

Males	....	....	Mon.—Thur.	9 a.m. to 1 p.m.
			„	5 p.m. to 8 p.m.
			Friday	9 a.m. to 8 p.m.
			Saturday	9 a.m. to 1 p.m.
			Sunday	10 a.m. to 1 p.m.
Females	....	....	Mon.—Fri.	9 a.m. to 8 p.m.
			Saturday	9 a.m. to 1 p.m.
			Sunday	10 a.m. to 1 p.m.

Manchester—Ancoats Hospital, Mill Street, 4.

Males	....	....	Wed. & Fri.	5.30 p.m. to 7.30 p.m.
Females	....	....	Wednesday	11.30 a.m. to 1.30 p.m.
			Thursday	5.30 p.m. to 7.0 p.m.

Manchester—Manchester Royal Infirmary.

Males	....	....	Mon., Wed.	
			& Thur.	5.30 p.m. to 7 p.m.
Females	....	....	Tuc. & Fri.	5 p.m. to 7.0 p.m.
			Wed. & Thur.	11.0 a.m. to 12 noon

SECTION D

Sanitary Circumstances of the Area

Climatic conditions during 1950

With the exception of December the year was mainly mild, but during the last month exceptionally low average temperatures were recorded with frost on 27 nights. On 14th December there were 24 degrees of frost. In all there were 90 frost readings, 48 in the early part of the year, the latest being recorded on 16th May, and 42 in the autumn starting with 14th October. During the first week in June the thermometer reached 90 degrees but for the remainder of the summer it was below average, reaching 80 degrees on one occasion only.

The total rainfall was 38·23 inches, nearly 8 inches or 25% above last year's figure. Rain fell on 200 days, August and September being the wettest months with just over 5 inches of rain each.

I am indebted to the Sewage Works manager for the information from which this summary was prepared. The meteorological station at the Sewage Works was extended by the addition of a sunshine recorder and grass thermometer towards the end of the year, and it is hoped to include the sunshine records in next year's report.

Water supply

The water supply of the Borough is provided by the Manchester Corporation. It is a soft water of very good quality. There are eight houses in the extreme south-west corner of the Borough without a piped supply. These rely on wells of poor quality and uncertain supply, but efforts are being made to secure a piped supply of town's water to these houses. In addition three outlying cottages near the boundary with Manchester and one in Gratrix Lane also rely on well supplies of adequate quantity but variable quality.

Drainage and sewage disposal

There was no change in the sewerage and sewage disposal arrangements during the year.

The works, which can deal with a dry weather flow of two million gallons per day, take all the sewage of the Borough and of the Brooklands area of Manchester. After sedimentation and biological filtration the effluent discharges direct into the River Mersey.

Samples of the effluent taken by the Rivers Board have been satisfactory.

Atmospheric pollution

A few complaints about the emission of smoke from works chimneys were made during the year, but subsequent investigations showed that these were within the statutory limits. The persons concerned were approached and have co-operated to reduce the nuisance arising from their boilers.

There has been a slight reduction in the amount of soot deposited over the Borough compared with last year, the figure being 147 tons per square mile compared with 160 tons last year, but this is still far too high for a residential district. It must be accepted that some of this soot has been brought into the Borough from surrounding districts, but at least 50 per cent is due to domestic fires.

The drift of atmospheric pollution from neighbouring districts has caused a good deal of anxiety to inhabitants of the western parts of the Borough, which has been subjected to gaseous contamination with a sulphurous smelling vapour. This is obviously coming from outside the Borough and efforts to correct it have so far proved unsuccessful.

The Borough has again co-operated with neighbouring local authorities in an investigation of atmospheric pollution affecting the whole area to the south-west of Manchester, and valuable information has been accumulated which will help to protect us from the risk of increased pollution in the future.

Swimming baths

There are two indoor swimming baths in the Borough, one owned by the Corporation, and the other privately owned.

The Corporation bath, which has a capacity for 66,000 gallons, has been improved greatly by the installation of a more efficient filtration and chlorination plant which provides for purification of the whole of the water every $2\frac{1}{2}$ hours whilst swimming is in progress. A new scum channel ensures continual removal of floating material from the bath. There are also six slipper baths available.

The Lido Bath was reopened at Whitsuntide. There is adequate purification plant to allow a four-hour turnover of the water. Samples taken from time to time showed that there was reasonable filtration and chlorination.

There are no byelaws for the control of swimming baths in operation in the Borough.

Cemeteries

There is one cemetery at Brooklands owned by the Corporation and occupying an area of 20 acres. The interments in 1950 numbered 308. This cemetery was opened in 1862 under the control of a Burial Board, and it was taken over by the Sale Urban District Council in 1895. There are also two other burials grounds in the town, one at St. Martin's Church and one at the Friends' Meeting House in Park Road.

Mortuary

The mortuary is situated within the grounds of the cemetery and is owned by the Corporation but its use is determined by the police. During 1950 it was used for the reception of bodies on 31 occasions and 27 post-mortem examinations were carried out. During the present year plans have been approved for the new mortuary and it is anticipated that construction will commence early in 1951.

Rivers and streams

The Lancashire Rivers Board deal with any matters concerning rivers pollution within this Borough. No occasion has arisen during the year where the Board has had to take action in Sale.

Closet accommodation

The majority of the dwelling houses in the district have water closets but there is a small number of closets of the conservancy type at cottages and farms in the outlying parts of the district. During 1950, four waste water closets were converted to fresh water closets and work was completed on the conversion of the twelve trough closets at St. Mary's Primary School.

Storage of petroleum

Forty-four licences are in operation relating to premises used for the storage of petroleum spirits.

Hackney carriages

Twenty-five licences were issued during the year relative to vehicles used for the purpose of plying for hire within the Borough.

Refuse collection and disposal

The collection and disposal of household refuse is dealt with by the Health Department. Four S.D. freighters, one Dennis and two Karrier vehicles are employed on this work. Five of the vehicles are in regular service on refuse collection, one is employed mainly on collection of kitchen waste and salvage and the other wagon is used as a spare. All the vehicles are provided with sliding metal covers. Trailers are used for the collection of waste paper and other salvageable materials and they have been found to facilitate salvage collection considerably.

Household refuse is disposed of by controlled tipping on land adjoining the Priory in Dane Road, 52 acres of low-lying land having been acquired by the Council some years ago for this purpose. Tipping has been proceeding there since September, 1948. During 1950 the greater part of the swampy land at the foot of the Priory was filled in.

A considerable improvement in the appearance and hygienic condition of the tip was effected during the year as a result of an arrangement which was made with the Metropolitan-Vickers Electrical Company, whereby a constant supply of boiler ashes and discarded moulding sand was obtained for the purpose of covering the house refuse.

The tip is kept open on Saturday afternoons until 4.30 p.m. for the purpose of enabling private traders within the Borough to deposit fish and greengrocery refuse.

TABLE XII
REFUSE COLLECTION AND DISPOSAL COSTS

	Collection, with depreciation or loan charges included or excluded		Disposal, with depreciation or loan charges included or excluded		Total	
	Included	Excluded	Included	Excluded	Included	Excluded
Gross expenditure	£ 11579	£ 11579	£ 2072	£ 1356	£ 13651	£ 12935
Gross income	41	41	192	192	233	233
Net cost	11538	11538	1880	1164	13418	12702
UNIT COSTS	£	£	£	£	£	£
Net cost per 1,000 of population	265	265	43	27	308	292
Net cost per 1,000 houses or premises from which refuse is collected	815	815	133	82	948	897

Salvage

During the year 1950, salvage of waste material was carried on and a total of £2,282. 5s. 11d. was realised as compared with £2,164. 1s. 3d. for the period ended 31st December, 1949.

The total weight of salvage collected since 1939 to December, 1950, is 5,042 tons, and the income from the sale of these materials—£24,708.

The demand for salvaged material, particularly waste paper, grew continuously during the year and efforts were made to intensify collection still further by means of Press advertisements, cinema slides, etc.

SALVAGE

January to December, 1950

				T. c. q. lb.		£	s.	d.
Waste paper	....	....	....	339 15 1 6	....	1873	10	1
Ferrous metals	....	....	....	9 12 0 0	....	17	15	3
Non-ferrous metals	....	....	....	— 14 0 23	....	23	17	2
Rags, etc.	....	....	....	9 7 2 7	....	100	5	4
String	....	....	....	— 11 3 26	....	4	2	8
Kitchen waste	....	....	....	91 14 0 0	....	262	15	5
Total	....	....	....	451 15 0 6	....	£2282	5	11

Sanitary Inspection of the Area

INSPECTIONS MADE DURING THE YEAR

Drainage inspections	....	....	...	....	....	....	325
House inspections for defects, etc.	....	....	....	....	....	....	783
House inspections for infectious diseases	....	....	....	....	....	....	69
Re-inspections	....	....	....	....	....	....	879
Rooms disinfected after infectious diseases	....	....	....	....	....	....	139
Workshops and factory inspections	....	....	....	....	....	....	115
Shops Acts inspections	....	....	...	....	....	....	47
Bakehouse inspections	....	....	....	....	....	....	12
Food and Drugs Acts inspections	....	....	....	....	....	....	207
Slaughterhouse inspections	....	....	....	....	....	....	6
Cowsheds and dairies inspections....	....	....	....	....	....	....	62
Ice-cream preparation premises inspections	....	....	....	....	....	....	6
Petroleum Act inspections	....	....	....	....	....	....	9
Rats and mice inspections	....	....	....	....	....	....	145
Miscellaneous	....	....	....	....	....	....	274
Letters and informal notices	....	....	....	....	....	....	304
Statutory Notices served	....	....	....	....	....	....	24
Complied with by owners	....	....	....	....	....	....	17
Work carried out by local authority in default	....	....	....	....	....	....	NIL

WORK CARRIED OUT DURING THE YEAR

UNDER THE PUBLIC HEALTH AND HOUSING ACTS

Defective roofs	....	....	....	....	....	....	....	41
„ gutters	....	....	....	....	....	....	....	36
„ rainwater fallpipes	....	....	....	....	....	....	....	14
„ soilpipes	....	....	....	....	....	....	....	4
„ sinks	....	....	....	....	....	....	....	4
„ sink waste pipes....	....	....	....	....	....	....	....	3
„ floors	....	....	....	....	....	....	....	21
„ firegrates	....	....	....	....	....	....	....	22
„ yard surfaces	....	....	....	....	....	....	....	13
„ ventilator grids	....	....	....	....	....	....	....	2
„ washboilers	....	....	....	....	....	....	....	1
„ plaster	....	....	....	....	....	....	....	47
„ pointing to brickwork	....	....	....	....	....	....	....	25

Defective windows and doors	....	....	....	....	....	102
„ bath waste pipes	....	....	....	....	....	5
„ gas cookers	....	....	....	....	....	1
„ damp walls	....	....	....	....	....	17
„ skirting boards	....	....	....	....	....	1
„ chimneys	....	....	....	....	....	11
„ hot water systems repaired	....	....	....	....	....	5
„ yard gates	....	....	....	....	....	4
„ water pipes repaired	....	....	....	....	....	4
„ staircases....	....	....	....	....	....	3
„ water closets	....	....	....	....	....	12
„ closet cisterns	....	....	....	....	....	5
„ drains	....	....	....	....	....	13
Choked drains	....	....	....	....	....	32
Accumulations removed	....	....	....	....	....	6
Dustbins renewed	....	....	....	....	....	663
Ashpits abolished	....	....	....	....	....	1
Walls and ceilings cleansed	....	....	....	....	....	1

Shops and offices

Under the Shops Act, 1934, and the Public Health Act, 1936, shops and offices where persons are employed must be provided with suitable sanitary accommodation.

Eradication of bed bugs

- (i) Number of council houses disinfested 10
- (ii) Number of other houses disinfested 2

The use of D.D.T. for eradication of vermin infestations was continued during the year. In all cases of bed bug infestations a complete cure was effected.

Rats and mice

During the year 7 major and 80 minor cases of rat infestation and 38 cases of mice infestation were dealt with by the Council on behalf of the occupiers.

The Council's tip and sewage works are inspected regularly and treated from time to time, when necessary. The methods used in the extermination are those recommended by the Ministry of Agriculture and Fisheries. The Council's sewers are treated twice each year on the methods outlined by the Ministry of Agriculture and Fisheries and consist of test baiting the sewers in the whole of the Borough and subsequently treating the areas found to be infested.

Factories and workshops

1. Inspection of factories, workshops and workplaces, including inspections made by Sanitary Inspector:—

Premises (1)	Number of		
	Inspections (2)	Written notices (3)	Occupiers prosecuted (4)
Factories with mechanical power	17	—	—
Factories without mechanical power	93	1	—
Other premises under the Act (including works of building and engineering construction, but not including outworkers' premises)....	5	—	—
Total	115	1	—

2. Defects found:—

Particulars (1)	Number of defects			Number of defects in respect of which Prosecutions were instituted (5)
	Found (2)	Remedied (3)	Referred to H.M. Inspector (4)	
Want of cleanliness (S.1)	1	1	—	—
Overcrowding (S.2)	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—
Sanitary conveniences—				
Insufficient, unsuitable or defective	2	2	—	—
Not separate for sexes	—	—	—	—
Other offences (not including offences under the Sections mentioned in the Schedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Orders, 1921, and re-enacted in the Third Schedule to the Factories Act, 1937)	—	—	—	—
Total	3	3	—	—

SECTION E

Housing

The housing situation continues to cause concern to all who have the problem of dealing with applications for tenancies of Corporation houses. Small allocations of licences, delays in completion due to shortages of essential materials and the increasing number of applicants have caused a worsening in the situation during the year.

Many applicants support their claims for tenancy with medical certificates and letters which reveal conditions which are bound to have some ill effect on their mental and physical health. In the vast majority of cases no additional points can be allocated, as allowance has already been made either for overcrowding, or for the fact that the applicants are lodgers, or for the bad state of the property in which they live. In a few cases, however, health conditions which cannot be covered by any other allocation of points are disclosed, and in these, after verification, additional points are awarded. In such cases special consideration is given by the Housing (Lettings) Sub-Committee, but it is difficult to persuade unsuccessful applicants who have medical support that, when the overall picture is examined, their situation is not so bad as that of the successful persons.

The condition of many of the older properties in the Borough is deteriorating rapidly. One important reason contributing to this is the fact that the tenancy of such properties is covered by the Rent Restriction Acts. The rental does not allow a sufficient margin to cover the cost of property repairs which has risen so greatly since these rents were fixed. Consequently normal maintenance and minor repairs are not carried out, and finally when major repairs are asked for they are not an economic proposition and ultimately the houses will have to be declared unfit for habitation. If some legislative action to amend the Acts referred to is not taken soon, it is likely that the Borough will be faced with an extensive rehousing programme within a few years.

During 1950 eight houses were closed for human habitation the owners giving an undertaking to the Council to that effect in three cases, and the remainder being the subject of demolition orders.

Housing statistics

Total number of new houses completed during the year	....	70
(a) By private enterprise	.... .... .... .... ....	12
(b) By the Local Authority	.... .... .... .... ....	58
A. Inspection of dwelling houses during the year:—		
1. (a) Total number of dwelling houses inspected for housing defects (under the Public Health or Housing Acts)	.... .... .... .... ....	209
(b) Number of inspections made for the purpose	....	1987
2. (a) Number of dwelling houses (included under sub-head 1 above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932)	.... .... .... .... ....	Nil
(b) Number of inspections made for the purpose	....	Nil

3.	Number of dwelling houses found to be in a state so injurious to health as to be unfit for human habitation	5
4.	Number of dwelling houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	201
B.	Remedy of defects during the year without service of formal notices.	
	Number of defective dwelling houses rendered fit in consequence of informal action by the Local Authority or their officers	185
C.	Action under Statutory Powers during the year:—	
(a)	Proceedings under Sections 9, 10, and 16 of the Housing Act, 1936:—	
(i)	Number of dwelling houses in respect of which notices were served requiring repairs	Nil
(ii)	Number of dwelling houses which were rendered fit after service of formal notices:—	
	By owners	Nil
	By Local Authority in default of owners	Nil
(b)	Proceedings under the Public Health Acts:—	
(i)	Number of dwelling houses in respect of which notices were served requiring defects to be remedied	24
(ii)	Number of dwelling houses in which defects were remedied after service of formal notices:—	
	By owners	17
	By Local Authority in default of owners	Nil
(c)	Proceedings under Sections 11 and 13 of the Housing Act, 1936:—	
(i)	Number of separate tenements or underground rooms in respect of which Closing Orders were made	Nil
(ii)	Number of dwelling houses demolished in pursuance of Demolition Orders	Nil
(iii)	Number of dwelling houses in respect of which undertakings were given by owners that they would not be used for human habitation	3
(d)	Proceedings under Section 12 of the Housing Act, 1936:—	
(i)	Number of separate tenements or underground rooms in respect of which Closing Orders were made	Nil
(ii)	Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	Nil

SECTION F

Inspection and Supervision of Food

Milk supply

The supervision of milk production is undertaken by the Ministry of Agriculture and Fishers and local authorities are only responsible for the distribution side of the milk supplies.

Only a small percentage of milk supplied in the Borough is produced locally, the bulk of the supply coming from outside sources.

On the 31st December, 1950, there were 14 dairymen and 45 distributors registered for the sale of milk within the Borough.

27 are licensed to sell Tuberculin Tested milk.

30 are licensed to sell Pasteurised milk.

26 are licensed to sell Sterilised milk.

Unsound food

The following food has been surrendered during the year as being unfit for human consumption:—

Pork	....	....	....	....	....	....	153 lbs.
Beef	....	....	....	....	....	....	81 lbs.
Bovine liver	....	....	....	....	....	....	15 lbs.
Boiled ham	....	....	....	....	....	....	142 lbs.
Mutton	....	....	....	....	....	....	165 lbs.
Bacon	....	....	....	....	....	....	16 lbs.
Margarine	....	....	....	....	....	....	37 lbs.
Fish paste	....	....	....	....	....	....	5 jars
Sausage meat	....	....	....	....	....	....	6 lbs.
Chicken	....	....	....	....	....	....	11 lbs.
Flour	....	....	....	....	....	....	72 lbs.
Tinned fish	....	....	....	....	....	....	75 tins
Tinned vegetables	....	....	....	....	....	....	74 tins
Tinned meat	....	....	....	....	....	....	141 tins
Tinned jam	....	....	....	....	....	....	27 tins
Tinned soup	....	....	....	....	....	....	36 tins
Tinned fruit	....	....	....	....	....	....	97 tins
Tinned fruit juice	....	....	....	....	....	....	17 tins
Tinned condensed milk	....	....	....	....	....	....	23 tins
Tinned evaporated milk	....	....	....	....	....	....	136 tins
Coffee, cocoa, etc.	....	....	....	....	....	....	4 tins
Dates	....	....	....	....	....	....	86 lbs.
Baking mixtures	....	....	....	....	....	....	470 packets
Cheese	....	....	....	....	....	....	38 lbs.
Chocolate cup	....	....	....	....	....	....	108 packets
Fruit puddings	....	....	....	....	....	....	37 packets
Breakfast cereals	....	....	....	....	....	....	139 packets
Chocolate spread	....	....	....	....	....	....	5 lbs.
Sauces	....	....	....	....	....	....	7 bottles

Food and Drugs Act, 1938

The following samples were obtained in the Borough of Sale during the year ended 31st December, 1950. These particulars were obtained from the Chief Inspector, Weights and Measures Department, Chester, whose officers are responsible for the administration of the Act.

Name of sample	Number obtained	Number adulterated or not up to standard
Almonds	1	—
Apple purée	1	—
Baking powder	2	—
Barley flour	1	—
Biscuits	1	—
Cake	1	—
Camphorated oil	2	—
Cascara tablets	2	—
Castor oil	3	—
Cocoanut	1	—
Coffee essence	1	—
Corn flour	2	—
Corn ointment	1	—
Epsom salts	1	—
Fish paste	1	—
Foot paste	1	—
Fullers earth....	1	—
Ginger	1	—
Glycerine	2	—
Gravy browning	1	—
Ice cream	3	—
Malt bars	1	—
Milk (fresh)	78	3
Milk (tinned)	1	—
Milk food	1	—
Mint (in vinegar)	1	—
Olive oil	1	—
Pepper	3	—
Pudding	2	—
Saccharin tablets	1	—
Salad cream	1	—
Sauce....	1	—
Scones	1	—
Seidlitz powder	1	—
Soda-bicarbonate	1	—
Soft drinks	2	—
Soups	1	—
Sweets	1	—
Tapioca	1	—
Tomatoes (tinned)	1	—
Vinegar	1	—
	131	3

It will be noted that only 3 samples out of 131 samples taken were reported against.

The first two samples of milk were taken from churns in course of delivery to a retailer and were found to be 3.3% deficient in fat. No action was taken as the deficiencies were small and other samples taken from the same delivery were genuine. The third sample was one of three taken from a retailer and was found to be 10% deficient in fat. The other two samples were genuine and the seller was cautioned.

The whole report is considered to be very satisfactory.

SALE AND LYMM DIVISIONAL HEALTH COMMITTEE

Chairman

Councillor W. A. Costello

Deputy Chairman

Councillor Major D. E. Impe

Representing the Local Health Authority (Cheshire County Council)

County Councillor G. Astbury, J.P.

County Councillor F. D. Gee, J.P.

County Councillor H. H. Cunliffe

County Councillor J. Kershaw

County Councillor Owen Davis

County Councillor Dr. N. Leak

Representing Sale Borough Council

Councillor Mrs. M. Cave

Councillor W. A. Jones

Councillor L. Bethell

Councillor J. G. Steel, B.E.M.

Councillor W. A. Costello

Councillor F. B. Taylor, J.P.

Councillor G. Elliott

Councillor V. S. Webb

Alderman F. H. Highley, J.P.

Councillor E. W. Wilkins

Representing Lymm Urban District Council

Councillor Major D. E. Impe

Councillor C. H. Simons

Co-opted Members

Mr. A. Ball, F.C.A.

Mr. S. N. Duguid, J.P., B.Sc.

Mrs. F. Bleakley

Mrs. D. A. Seagrief

Mrs. A. E. Butcher, J.P.

Mr. L. Steains, O.B.E., J.P.

Dr. J. D. Chisholm

Dr. F. Wraith

Clerk to the Committee

Mr. Bertram Finch

DIVISIONAL HEALTH OFFICE STAFF

Divisional Medical Officer Dr. A. Telford Burn, M.B.,
B.S., D.P.H.

Chief Clerk Mr. W. Willson

Clerical Staff Mrs. E. Aldhouse
Miss S. M. Hartley

*To the Chairman and Members of
The Sale and Lymm Divisional Health Committee.*

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present to you the second annual report on the County Health Services provided in the Sale and Lymm Division.

In preparing this report I have taken cognizance of the fact that the Divisional Health Administration Scheme empowers the Committee to make proposals to the County Health on any matter concerned with the County Health Services. I have therefore included, in addition to the services for which you are responsible for day-to-day administration, some notes on those sections of the service which are directly controlled by the County Health Committee.

I would like to draw your attention particularly to the cost of two services which you provide. The day nursery service, even after careful selection of cases, is costing £4,000 per annum, while the ambulance service cost is about £8,000. Every endeavour is being made to ensure that there is no abuse of the service, and whenever possible all cases for one hospital are carried in the same ambulance, but in spite of this the mileage has risen by nearly one-third compared with last year.

I would also like to refer to the excellent response to the vaccination and immunisation schemes, which is due in no small measure to the constant education work of the health visitors.

I am indebted to Mr. Bertram Finch, your clerk, for his introduction dealing with the work of the committee during the year, and wish to thank you, Mr. Chairman, and all the members of the committee, and the staff for the helpful co-operation and assistance which I have received throughout the year.

I beg to remain,

Your obedient Servant,

A. TELFORD BURN,

Divisional Medical Officer.

Sale and Lymm Divisional Health Committee

ANNUAL REPORT OF THE COMMITTEE

for the Year ended 31st December, 1950

Foreword by Mr. Bertram Finch, Clerk to the Committee

The accompanying report, which is the second of its kind, prepared by the Divisional Medical Officer, covers the year ended 31st December, 1950. Although no spectacular changes have taken place during the year under review, this period has been one of steady progress and improvement and general consolidation of the work of the committee and administrative machinery, which is now past the "settling-in" process which was the main preoccupation of the committee in the previous period.

The local constitution of the committee has remained unaltered but during the year the committee learned with regret of the death of one of the *ex officio* members, County Alderman W. E. Noden, the late Deputy Chairman of the County Health Committee. He was succeeded by County Councillor Dr. W. N. Leak.

During the year, eleven meetings of the committee have taken place, all of which have been well attended, whilst in addition there have been meetings of the Nursing Services, Ambulance, Finance and Tuberculosis Care and After-Care sub-committees.

Consultations have also taken place during the year between the committee and representatives of local voluntary organisations in Sale, including the newly reconstituted Women's Voluntary Services, the British Red Cross Society, the St. John Ambulance Brigade Nursing Division, the Sale Council of Social Service and the Sale Old People's Welfare Council, with a view to co-ordinating the efforts of the Local Health Authority and of such voluntary organisations in providing helpers, whether paid or voluntary, for the care of sick persons, and particularly the aged sick, who are confined to bed in their own homes and who have no other members of the family or relatives or neighbours to help them. Side by side with the "clearing-house" consultations, there have also been taking place over the year discussions between representatives of the committee and the W.V.S. and other local bodies in Sale concerning the possibility of inaugurating a "Meals on Wheels" service for the benefit of old people and others who are confined to bed in their own homes; but although a number of initial obstacles have been overcome, other difficulties still exist and are under discussion.

Whilst fully recognising the need for proper development and improvement of the services in the Division, the committee have during the year been constantly mindful of the need for economy in

all branches of their work; and amongst other aspects which were specially examined by the committee has been that of admissions to the day nursery where, as the report indicates, the circumstances of all applicants have been most carefully reviewed with the result that only cases who are proved to be of very first priority are now admitted.

The committee have also had under constant scrutiny, with the assistance of the Ambulance Sub-Committee, the possibility of effecting economies in the Ambulance Service, both in terms of manpower and other expenditure and, as a corollary, of the ever-increasing demands which are being made upon the service. Amongst various measures examined was the possibility of reducing the night service, but having regard to the number of night emergency calls the committee properly decided that in the interests of the districts served no step should be taken which might impair the adequacy of the service. Whilst the committee will continue to exercise the utmost vigilance with regard to this and other services there seems little doubt that so long as the present demands (supported without exception by medical evidence) for the use of ambulances remain, there is little prospect of any substantial economies being effected.

During the year the committee were gratified to learn that as a result of their continued representations regarding the provision of a new ambulance depot to replace the present derelict and totally inadequate accommodation, the County Council had ultimately prevailed upon the Ministry of Health to treat this scheme as one of first priority, and it has been scheduled to start in 1951. In the meantime, the committee have once again had to change the accommodation for the vehicles, this time to the old Drill Hall at the rear of the Sale Town Hall, by arrangement with the Sale Corporation.

The Divisional Medical Officer and the Clerk to the Committee are indebted to all members of the committee for their great and continued interest in the work of the Division, and deeply appreciate the collaboration of the chairman and the deputy chairman of the committee, and the chairmen and deputy chairmen of the respective sub-committees, all of whom always made themselves so readily available for consultation throughout the year.

REPORT ON THE LOCAL HEALTH AUTHORITY SERVICES IN SALE

Health centres

Owing to the policy of the Ministry of Health and the limitation of capital expenditure, it has not been possible to proceed further with the proposals to erect a health centre in Meadway, Sale.

Care of mothers and young children

Included under this section of the report are the mothers' clinics, child welfare centres, special clinics for children under five years of age and the day nursery.

(a) Mothers' clinics

Ante-natal and post-natal clinics are held at Chapel Road, Sale, twice monthly, and are conducted by Dr. W. Calvert who is accompanied, when possible, by the midwife who will be in charge of the case.

There was a further fall in the number of cases attending the ante-natal clinic, due partly to the continuing reduction of the birth rate and, to a greater extent, to the increased proportion of mothers who are attending hospital ante-natal clinics prior to admission to hospital for delivery. This poor attendance is unfortunate because, apart from offering medical supervision, the clinics give an opportunity for the education of the expectant mother in the care of herself and her child, which has been helped considerably by the provision by the Voluntary Committee of an epidiascope. By this means the advice of the health visitors can be supplemented with actual photographs and diagrams, which help the mother to understand and appreciate the instructions she is given.

	New Cases	Total Attendances
Ante-natal	48	245
Post-natal	15	65
Dental—pre-natal	1	1
nursing mothers	2	2

(b) Child welfare clinics

There are three child welfare centres in Sale. A summary of the clinic facilities provided in the district is given in the Appendix.

The clinics at the Sale (Chapel Road) centre are conducted by Drs. Geraghty and Rowley and Dr. Phillips looks after the toddlers' clinic. The Divisional Medical Officer takes the clinics at the Sale Moor and Raglan Road centres.

These medical officers rely on the assistance of the health visitors who organise the work of the clinics and refer children for medical advice as necessary. The high rate of attendance at the clinics is due in a large measure to the work of the health visitors and on this they are to be congratulated.

Special thanks are due to the ladies of the Voluntary Committee who render such admirable service at the infant welfare centres. Without their assistance in the registration and weighing of the children and the handling of the welfare foods, the clinics could only be conducted by engaging extra health visitors and clerical staff. In addition to the time which they so freely give, the members of the Sale Voluntary Committee have presented to the Chapel Road Centre an epidiascope, which will be of great value in health education and to which reference is made later in this report.

The attendances at the child welfare clinics have fallen during the year, but this fall only reflects the reduction in the number of births during the period.

				New Cases	Doctors' Consul- tations	Total Attendances
Chapel Road	....	....	....	377	2039	6890
Sale Moor	....	....	....	110	635	1797
Raglan Road	....	....	....	86	395	878
Totals	....	....	....	573	3069	9565
Specialist clinics:						
Ophthalmic	....	....	....	24		44
Paediatric	....	....	....	6		9
Ear, nose and throat (under 5 years)	....		....	3		5
Dental treatment (under 5 years)	....		....	67		71

(c) *Welfare foods*

The purchase and sale of welfare foods at the Sale Chapel Road centre is undertaken by the Voluntary Committee.

At the Sale Moor and Raglan Road centres the sale of welfare foods and preparations is handled by the staff of the Divisional Health Office. The figures for these two centres are:—

				£	s.	d.
Stocks bought	....	....	....	222	4	0
Credits for returns	....	....	....	10	15	3
Net purchases	....	....	....	211	8	9
Total sales	....	....	....	£230	17	11

(d) *Day nursery*

The Sale day nursery has accommodation for fifty children under five years of age.

The Royal Commission on Population, after hearing evidence from representatives of the Ministries of Health and Education and from private persons of considerable experience, came to the con-

clusion that the correct place for children under the age of two years is at home, and that they should be admitted to nurseries only when economic or other conditions make this essential (e.g., the death of either parent, the mother unmarried or separated from her husband, or when illness of the father necessitates the mother going to work or illness of the mother prevents home care of the child). In an endeavour to follow this recommendation there has been a reduction in the number of children under two in the nursery, and the proportion of older children has risen.

The heavy and rising cost of running day nurseries has led to very careful investigation of every applicant for admission. The daily cost of maintaining a child in the nursery is 8s. 7d. and the only charge which can be made is for food. This has risen from 1s. in January to 2s. at the end of the year leaving a net charge to the county of £1. 13s. per week for each child. There are many people who question whether it is justifiable to expend £4,000 each year for the provision of the day nursery service in the Borough.

Number on register on January 1st, 1950	....	....	49
Admitted during the year	....	....	42
Left during the year	....	....	47
Number on register on December 31st, 1950	....	....	44
Average number on register	....	....	47
Average daily attendance	....	....	38.5
Twenty children were in the nursery for the whole period.			

During the year two major constructional items have been carried out at the nursery. A built-in refrigerator was installed to provide safe storage of milk and perishable foods, and to provide suitable sweets during the summer months. This has proved invaluable and has helped to remove anxiety about the risk of food poisoning outbreaks due to infection of foodstuffs.

The toilet room was greatly improved by the replacement of the old basin and jug washing unit with a modern lavatory suite with hot and cold running water, and fixed drainage. The temperature of the hot water is controlled by means of a mixing valve which can only be adjusted by the staff, and this prevents any risk of scalding. At the same time the staff toilet was transferred to the bathroom and replaced by an additional toilet for the children, and the floor was surfaced with asphalt to improve the hygiene of the room.

Midwifery services

There are 3 midwives in Sale. During the year Nurse Gilbody retired and has not been replaced. The midwives are under the direct control of the County Medical Officer, and act both as midwives, when they are in sole charge of the case, or as maternity nurses when a medical practitioner is in charge of the case and they work under his direction.

Cases attended

As midwife	....	....	....	71
As maternity nurse	....	....	....	24

Health visiting

There are four health visitors in Sale, the senior of whom lives in a flat over the Chapel Road Welfare Centre, and all four use the centre as a base. The health visitors are under the control of the County Medical Officer but co-operate with the Divisional Medical Officer at all times.

Visits are paid to each newborn child as soon as possible after the midwife has ceased to attend or the mother has returned from hospital. Advice is given about the feeding and general care of the child, and return visits are paid as necessary. The high rate of attendance at the child welfare centres and the response to the immunisation schemes are due in great part to the work of these health visitors and for this they have earned the thanks of all concerned.

In addition to visiting children they also report on homes into which it is intended to adopt children. They also visit cases of tuberculosis, advising patients and families so as to prevent the spread of the disease, and reporting to the Divisional Medical Officer and the chest physician when additional assistance is required.

Unfortunately no figures are available to show the vast amount of outside work which the health visitors are doing from day to day.

Home nursing

The Home Nursing Service is controlled by the County Medical Officer and nurses attend at the request of the general practitioner in charge of the case. There are three nurses in Sale. The extent to which the service is used is shown by the fact that each nurse attends about 200 cases annually, making on an average 16 visits to each case.

Cases attended	....	....	....	....	600
Total visits	....	....	....	....	9935

Vaccination and immunisation

The vaccination and immunisation service is organised on a Divisional basis. The services provided consist of vaccination against smallpox and inoculations against diphtheria and whooping cough. The protective inoculations can be given either by the patient's general practitioner, who has the necessary materials provided free of charge and is paid a fee for his report, or at clinics conducted by the Divisional Medical Officer.

Where no report has been received from the practitioner a letter is sent to the parents drawing their attention to the importance of immunisation and giving details of the facilities available. In addition the health visitors encourage parents to have their children protected both during their home visit and at the welfare centres. The response to this publicity has been very encouraging, as the following figures show.

	Smallpox				Diphtheria				Whooping Cough	
	Primary Vaccination		Re-Vaccination		Primary Immunisation		Re-Immunisation			
	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)	(a)	(b)
Pre-school children	164	223	—	3	238	159	—	—	218	101
School children	19	26	2	17	118	5	180	26	—	4
Adults	1	33	9	76	—	—	—	—	—	—
Totals	184	282	11	96	356	164	180	26	218	105

(a) At the clinic

(b) By private practitioners

Ambulance Service

The ambulance service continues to be the most expensive section of the Divisional Health Scheme. In spite of the utmost care in preventing abuse of the service, 8,647 calls were dealt with involving a mileage of 65, 645. Of these only 778 calls were for urgent cases and the remainder were for cases requiring medical and surgical treatment of a non-urgent type. In addition to this, 1,032 miles were covered by members of the Hospital Car Service and 5,546 miles by Warrington Corporation ambulances. Under the mutual aid scheme the Altrincham Divisional Ambulance Service travelled 4,180 miles while assisting this Division and our mileage under the scheme was 8,410. Allowing for these mileages the total cost of the Ambulance Service in the Divisional area was over £8,000.

Two cases of abuse of the service have been reported to the Committee during the year, one in which a patient was taken daily to hospital for treatment at a cost greater than that of in-patient treatment, and another in which a patient had to be taken to a distant hospital for continuation treatment which could have been given nearer his home. General practitioners and hospitals have been requested to do all they can to ensure that the ambulance service is only used when the patient cannot travel by public transport, and ambulances are only provided against a medical certificate.

The service has been maintained during the year in the face of some difficulties regarding vehicles. At the beginning of the year the service was being run with two post-war Humber ambulances, two Austin ambulances and an old vehicle converted for use as an ambulance for civil defence purposes together with a pre-war Humber sitting-case car. The sitting-case car and three of the ambulances were obsolescent and the provision of spares for these vehicles has been a constant anxiety. In September a new Morris ambulance was delivered and this has relieved the situation considerably. The two oldest ambulances have been placed in reserve for civil defence purposes, and it is hoped

that the sitting-case car and the oldest remaining active ambulance will soon be replaced.

The establishment of drivers and attendants was considered during the year, following expressions of doubt about the adequacy of the night service. One additional driver was approved and the staff now consists of the supervisor together with 13 drivers and 4 attendants.

Summary of journeys

	Calls	Journeys	Mileage
Divisional Ambulance Service....	8647	5223	65645
Altrincham Divisional Ambulance Service		482	8410
Warrington Ambulance Service		289	5546
Hospital Car Service		48	1032

Prevention, care and after care

This section of the Local Health Authority Services, which offers the greatest scope for development, comprises the welfare of tuberculous patients, the provision of nursing equipment on loan, and after care of persons suffering from illnesses other than tuberculosis, and health education. The Domestic Help Service really forms part of this section, but it is of sufficient importance to merit separate consideration.

Owing to the stigma surrounding tuberculosis in the lay mind, permission cannot always be obtained to refer to the committed cases in which assistance would be of value. In an endeavour to prevent the spread of this disease from persons who are undergoing treatment at home, sputum flasks and paper handkerchiefs are provided where necessary. In view of the increasing practice of treating cases at home with the new anti-biotics it is likely that the demand for these will increase in the future.

Although it has not been possible to have a mass miniature radiography unit stationed at Sale for a prolonged period, all the pupils at the Grammar School for Boys were examined by this method during the summer. None was found to be suffering from tuberculosis.

The possibility of immunisation of susceptible persons against tuberculosis has been known for many years but, although practised on the Continent and elsewhere, has not previously been tried to any great extent in this country. It is now being used for newly born children and for contacts of cases of tuberculosis. It is desirable to isolate persons who are being immunised from any risk of contact with infection for about six weeks, and arrangements are available through the County Children's Department for this to be done in the case of child contacts. Such boarding out of contacts is done at the expense of the parents, subject to means test, and the financial aspect plus the separation from children is proving rather a deterrent. It is hoped that this will be overcome in the near future.

	Males		Females		Total
	Pulm.	Non-Pulm.	Pulm.	Non-Pulm.	
On register 1st January, 1950	100	39	84	48	271
Added to register	20	8	9	3	40
Removed from register....	22	11	14	9	56
Remaining on register 31st December, 1950	98	36	79	42	255
Admitted to sanatoria during year	17	2	5	1	25
Discharged from sanatoria dur- ing year	13	—	10	3	26

In addition to the provision of sputum flasks for tuberculous patients, a supply of nursing requisites for all types of illness such as mackintosh sheeting, bed rests, bed pans, etc., is maintained. These are available on loan against payment of a deposit and a loan charge to any cases which may require them. In addition wheel chairs can be loaned to cripples to enable them to be taken out by their family. 115 items were loaned out during the year, and total charges recovered amounted to approximately £11.

A new service which was introduced during the year was the provision of convalescent treatment for persons who had been ill at home and required a period of rest and recuperation before returning to work. This service was not intended to provide an extension to hospital treatment, convalescence for this purpose being arranged by the Regional Hospital Boards. A sum of £125 was allotted to this Division to assist in payment for the service for which a charge is made according to the means of the patient. Seven cases were dealt with by the end of the year.

A scheme to provide occupational therapy as part of the after care service in the Division has had to be deferred pending the appointment of a specially trained instructor, but just before the end of the year the British Red Cross Society intimated that they would be able to undertake such work in this area and it is hoped to take advantage of this in the near future.

One of the most important ways of preventing disease and promoting good health is by health education. Various methods are available for this but undoubtedly the most effective is the personal talk given by health visitors either in the home or at the welfare centre, and by doctors at the clinics. This work has been assisted greatly at Sale by the gift of an epidiascope by the Sale Child Welfare Voluntary Committee. A few film strips have been purchased for showing to expectant mothers attending the ante-natal clinics and to mothers attending the child welfare clinics. In addition photographs and diagrams in books can also be shown and have proved a valuable means of teaching mothers how to look after their own health and that of their families. It is hoped to extend the use of the epidiascope by preparing lantern slides specially to illustrate the various talks given by the health visitors.

Other health education methods have included the exhibition of posters and the display of material of the Central Council for Health

Education which is erected on a special stand which has been housed in the Sale Welfare Centre for the past year. The display is changed every six weeks and has been a centre of attraction not only at the clinic, but also during the 'Traders' Exhibition at the Town Hall when it was used to demonstrate the importance of clean food. On this occasion films shown by the Central Office of Information were used to support the display.

The Medical Officer and some of the health visitors attended two day courses in the methods of health education during the year.

Domestic help

The domestic help service was introduced to provide assistance to households where on account of childbirth or illness the mother was unable to look after the needs of her family. There are four full-time home helps stationed at Sale. In addition casual helps are engaged to assist in emergency.

The helps are expected to take over all the normal day-to-day domestic work of the household, but are not intended to carry out any nursing care of the invalid. In other words they do the shopping, cooking and the ordinary cleaning and tidying of the house, but are not expected to do spring cleaning.

In all 83 applications for help were received during the year, and of these assistance was provided in 81 cases.

The applicant is required to meet the full cost of the service when possible, but if this would cause financial hardship a reduction can be made according to a fixed scale. In exceptional circumstances the Divisional Health Committee have recommended a still further reduction where they have considered this necessary.

APPENDIX

SUMMARY OF LOCAL HEALTH AUTHORITY SERVICES IN SALE

Divisional Health Office	....	....	Town Hall, Sale
Mothers' Clinics (Sale Welfare Centre)			
Ante-Natal Clinic	....	....	1st, 3rd and 4th Wednesday afternoon
Post-Natal Clinic	....	....	4th Wednesday afternoon
Dental Treatment	....	....	Sale Welfare Centre—by appointment
Infant Welfare Clinics			
Sale Chapel Road Centre	....	....	Each Tuesday and Thursday afternoon
Sale Moor Centre	....	....	Each Thursday afternoon
Sale Raglan Road Centre	....	....	Each 1st and 3rd Tuesday afternoon
Toddlers' Clinic	....	....	Sale Welfare Centre—2nd Wednesday afternoon
Specialist Clinics (Sale Welfare Centre)			
Ophthalmic	....	....	By appointment
Paediatric	....	....	2nd Monday afternoon
Ear, nose and throat	....	....	1st Tuesday morning
Sunlight	....	....	By appointment
Day Nursery, Harley Road, Sale			Matron: Mrs. E. Howitt
Midwives			
Nurse D. Lindley	....	....	65 Derbyshire Road South, Sale
Nurse K. McSweeney	....	....	27 Glebelands Road, Sale
Nurse I. E. Thompson	....	....	6 Lansdowne Road, Sale
Health visitors			
Nurse H. Wingfield	....	....	} 70 Chapel Road, Sale
Nurse W. Heron	....	....
Nurse B. Cunliffe	....	....
Nurse E. Heywood	....	....
Home nurses			
Nurse E. M. Newbegin	....	....	22 Georges Road, Sale
Nurse M. Smith	....	....	12 Friars Road, Sale
Nurse W. F. Raad	....	....	107 Royton Avenue, Sale
Vaccination and immunisation clinics			
Sale Welfare Centre	....	....	Each Friday morning
Ambulance station			
31-33 Chapel Road, Sale	....	....	Supervisor: Mr. J. B. Kirkby
Care and after-care			
Nursing requisites on application to the Divisional Health Office			
Domestic help			
On application to the Divisional Health Office			



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